Retention of Menstrual Fluid in One-half of a Double Uterus.

At the meeting of the Obstetrical Society, held February 1, Dr. GALABIN related the case of a patient, aged fifteen, who was brought by her mother for consultation for symptoms exactly resembling those of ordinary severe spasmodic dysmenorrhœa. No swelling or tumour had been noticed. Menstruation was fairly regular, and rather profuse. The pain was felt chiefly during the flow, was intermittent, agonizing in severity, and led to retching and hysterical manifestations. On examination, a firm globular swelling, without any fluctuation or elasticity, about as large as the uterus at three months and a half pregnancy, was felt through the anterior vaginal wall. The os was difficult to discover, and was displaced backwards and flattened antero-posteriorly. The patient was so hyperæsthetic that it was impossible to attempt to use the sound. The author rejected the hypothesis of fibroid tumour on account of the patient's youth, and the commencement of the symptoms with puberty, and felt sure that menstrual fluid would not accumulate to any amount in the uterus if there were any exit whatever through the cervix. He therefore diagnosed retention in one-half of a double uterus. It was agreed with Dr. Stirling, of Grangeroad, under whose care the patient had been, that an anæsthetic should be given, and the swelling evacuated if the diagnosis appeared to be confirmed on use of the sound. Under anæsthetics it was found that the sound passed easily to the normal length, going rather towards the right side, and the os appeared to be displaced a little to the right. The swelling was then punctured, and the usual treacly fluid, seen in cases of retained menses, began to escape. The opening was enlarged with scalpel and director, till it easily admitted the finger, and about ten ounces of fluid escaped. No injection was used on the spot, but it was intended to commence antiseptic injections, after allowing a few hours for complete escape of the fluid. The extreme hyperæsthesia and hysterical resistance of the patient, however, made it impossible to do more than syringe the vagina. Discharge of sanguineous fluid was free up to the third day, but it then almost stopped, and what there was became offensive. Next day febrile symptoms set in, the temperature rising to 104.6°, pulse to 140. The patient's friends refused to allow an anæsthetic to be given to wash out the uterus until the seventh day, when the author saw her again. There was then still high fever, but no sign of peritonitis. An anæsthetic having been given, the opening into the left half of the uterus was again enlarged, and the cavity washed out with solution of absolute phenol, 1 in 40. Considerable improvement followed up to the twelfth day, although it still proved to be impossible to do more than syringe the vagina, and little doubt was felt about the patient's recovery. On the twelfth day she was suddenly attacked with violent pain in the abdomen and collapse, and died in about twelve hours. The author thought that the symptoms pointed to rupture either of the Fallopian tube or of some abscess in the neighbourhood.

Dr. GRAILY HEWITT'S experience had led him to the conclusion that it was safer, in performing the operation for retained menses, to make a small opening and allow gradual escape of fluid, and gradual contraction of the walls of the cavity, which were often weak and thin. If allowed to discharge itself too quickly a suction might afterwards be exercised, and septic material drawn in.

Dr. GERVIS thought that Dr. Galabin had himself pointed out what would have been the most useful addition to the conduct of the case, the washing out with antiseptic fluid the uterine cavity. He agreed with Dr. Hewitt as to the importance of moderately slow evacuation, but with antiseptic precautions, thinking that the danger was less through any uterine suction than through decomposition of unremoved fluid.

Dr. Wynn Williams differed from Dr. Graily Hewitt in that he had made a very free opening, to get rid of all the menstrual fluid at once. He would have syringed out the uterus with a solution of iodine, which he believed the safest and best antiseptic. He would also have avoided making a second incision, any septic condition being present.

Dr. Champneys had seen a case of retained menses in one-half of a double uterus, under Dr. Winckel, of Dresden. In this slow evacuation did not prevent a fatal result, which was caused by the retraction of the uterus from an adhesion, which tore a hole in the thin uterine wall. Death resulted from septic peritonitis.

Dr. Cleveland was surprised at the fear expressed as to the use of carbolic acid injections. In chronic inflammation of the bladder he had used injections of absolute phenol, 1 in 50 or 60 of water, with excellent results.

Dr. Carter agreed with what had been said as to the dangerous results which had at times followed the injection of a solution of carbolic acid into the uterus. He related the case of a patient who was for some time in a very critical state after washing out the uterus the third day after a miscarriage with a solution of the strength of 1 in 80.

Dr. Malins thought there was some doubt about Dr. Galabin's diagnosis in the absence of an autopsy. The symptoms and physical state did not seem inconsistent either with an anterior hæmatocele or thrombus in the cellular tissue. He had met with similar cases in which the difficulty in insuring drainage and disinfection had been overcome by using a winged catheter with the end cut off. He thought nothing better than tincture of iodine for disinfection.

Dr. Routh could not agree with Dr. Hewitt in his advice to make a small opening. Experience proved that it often closed, and occasionally was followed by fatal symptoms. His own plan was to draw off by a large aspirator, and to inject iodine solution, doing this morning and evening, and keeping in a drainage-tube.

Dr. Matthews Duncan remarked that he, in cases of retained menses, made a free opening and allowed the fluid to drain away, using no injection of any kind. He had in a considerable experience had no fatal case or evil result, and he believed he had observed injurious consequences of the injection of plain warm water in cases which he had witnessed.

Dr. Galabin thought that the plan of gradual evacuation was desirable when the quantity of retained fluid was large, but not when it was small or moderate. He did not think the fatal result in his case could be attributed to the injection of carbolic acid, or even to the second incision; for a marked improvement had followed that proceeding, and continued for at least four days. He did not believe the case could have been one of hæmatocele, for the swelling had been perfectly movable, and he did not think that the contents of a hæmatocele ever so perfectly resembled the uniform treacly fluid seen in cases of retained menses. —*Lancet*, March 11, 1882.

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Unilateral Vaginal Oöphorectomy.

Dr. Braithwaite, of Leeds, read a paper on the above subject at the meeting of the Obstetrical Society of London, on April 5th.

Case 1. The patient, aged 30, was the wife of a workman. She suffered from attacks of dyspnœa, which were brought on by exertion, and which could only be relieved by certain very peculiar positions of the body. There was a mitral murmur: the patient was pale, and in wretched general health, and the muscle of the heart probably extremely feeble. Menstruation was normal. There was a prolapsed ovary, pressure on which did not bring on the dyspnœa, but caused much